

New Vendor Evaluation

Kansas WIC Program

Vendor name: _____ Vendor #: _____

Location Address: _____

Phone Number: _____ Vendor Contact: _____

Doing business as: ☐ Full Line Grocery Store ☐ Commissary

County: _____ ☐ Rural ☐ Urban (refer to Vendor Manual for county designation)

Date of Evaluation: _____ Completed by: _____

Type of Evaluation: ☐ New Vendor ☐ Change of Ownership

	YES	NO
1. Does the vendor plan to derive more than 50% of their gross annual income from the Kansas WIC program?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor provide foods from a stationary location?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the food sales area equal or exceed 2000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the sales floor accessible to clients with disabilities? If no, does the store have accommodation plans?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Is the vendor currently disqualified from the Kansas Food Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the vendor's cash register receipt detailed enough to permit monitoring for the sale of unauthorized WIC foods? (<i>Attach copy of a receipt.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have scanners that are programmable for WIC foods? If yes, how many: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you see any reason to grant an exception to any of the established criteria because of inadequate client access?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the vendor cash register system pass the Level III certification?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

LA Evaluator's Signature: _____

LA recommendation based upon evaluation visit: ☐ Satisfactory ☐ Unsatisfactory

State Agency use only:

Projected Peer Group: _____

The vendor meets the pricing requirements as determined by the SA.

All documentation requested from application process has been received.

This report was reviewed and will be used by the SA as an evaluation tool during a vendor's application process.

SA Signature: _____ Date: _____